

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

Bardganyan, Rejendra D.

3. Organizational Unit

Psychiatry

5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):

Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)

Sick Leave. (Complete reverse side of form.)

Leave Without Pay.

Compensatory Time.

Other. (Specify)

2. Employee I.D. Number

4-A FROM:	Month	Day	Hour	A.M. P.M.	4-C Total Number of Hours
	3	5			

4-B
TO: Month Day Hour A.M. P.M.

6. Remarks

7. Employee's Signature

8. Date
(Month, Day, Year)

Approved

Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature: Annual leave approved may not exceed the amount available for use during the leave year.

Date
(Month, Day, Year)

NSN 7540-00-753-5067

3/1/01

Please detach this notice before submitting SF 71.

PRIVACY ACT STATEMENT

Section 6311 of Title 5 to the U.S. Code authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation on you for employment or security reasons; to the Office of Personnel Management or

(Continued on Reverse)